

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

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DEC | 5 1996

MEMORANDUM

Dr. Swenberg's Evaluation of the Brain Slides for the Sub<u>ject:</u>

2,4-Dichlorophenoxyacetic acid kat Study

Lynn Vlier To:

Special Review,

Registration Division TS-767C

Thru: Theodore M. Farber, Ph.D. | Master M. Januar 12/15/66

Chief, Toxicology Branch, HED

Chemical: 2,4-Dichlorophenoxyacetic acid

Tox Chem #: 315

Project No: None

Dr. Swenberg met with Dr. Theodore Farber and myself on November 19, 1986 and conveyed both the box of brain slides and his histopathological diagnoses of these slides to us.

For all but one animal, he agreed with the original study text diagnoses of astrocytomas. He disagreed with the astrocytoma diagnosis of female B23289 in the 5 mg/kg group. He diagnosed this lesion as a focal area of gliosis present near the center of the olfactory bulb, no neoplasm was detected. The study text however had diagnosed this area as an astrocytoma. He alko disagreed with pr. Koestner's diagnosis of the male B23473 of the 45 mg/kg group. Dr. Koestner had diagnosed the brain section in question of this animal as consisting of a mixed glial and mesenchymal cell population. Dr. Swenberg diagnosed this animal as having a small astrocytoma present in the ventral portion of one hemisphere of the forebrain.

Dr. Swenberg was asked it he felt this study provided sufficient evidence to classify 2,4-0 an oncogen. He said the data were very equivocal for a number of reasons. Astrocytomas are not as uncommon as previously thought. These tumors are very small as a general rule, and more vigorous examination and sectioning tend to increase the numbers found. He had seen a similar circumstance when examining the slides from a rat study on Harvade. At that time he suggested that another study be performed to resolve the equivocal astrocytoma

issue. This study should include a larger group size, two control and one high dose group, looking at brain sections only at termination of the experiment. He stated that this was his recommendation also for 2,4-D in order to attempt to resolve this astrocytoma issue.

Appended page 1 contains the original table of tumor incidences from the study text, and appended page 2 presents Dr. Swenberg's diagnoses in tabular form by animal number. Appended pages 3 and 4 present the study text's original diagnoses and appended pages 5 and 6 present Dr. Swenberg's diagnoses.

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Text Table 1 Incidence of astrocytomas in the brain of F-344 rats receiving 2,4-Dichlorophenoxyacetic acid at 0, 1, 5, 15, or 45 mg/kg/day

				Male_					Female)	
Mg/Kg/Day	Group: 2,4-D:) 0	2	3 5	4 15	5 45	1 0	2 1	3 5	4 15	5 45
Unschedule Deaths:	đ	1/18	0/7	0/3	2/7	1/14	0/10	1/13	0/13	0/12	0/14
Post Week Sacrific			0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10
Post Week Terminal		0/32	0/43	0/47	0/41	5/36	0/40	0/37	2/37	1/38	1/36
All Animal on Study		1/60	0/60	0/60	2/58	6/50	0/60	1/60	2/60	1/60	1/60

Astrocytoma Incidence as Diagnosed by Dr. Swenberg

Males:

Dose:	υ mg/kg	l mg/kg	5 mg/kg	15 mg/kg	45 mg/kg
Animal #	в23025			B23376 B23377	B23473 B23476 B23479 B23492 B23500 B23505
Females: Animal		в23185	B233U2	B23442	B23546

Terminal (104/105 Neek) Sacriff.

Group	Bose ma/kg/day	Animal Number	<u>Sex</u>	<u>Plagnosis</u>	Location	Size,	Pattern of Infiltration	Cellular <u>Pleomorphism</u>	Other Features
1	0	√ 23024	M	Granular Cell Tumor	M,C(mld)ine)	S	C	minima?	Nodular and compressive. Cells with ensinophilic cytoplasmic granules. No mitoses.
5	45	23473*	н,	Astrocytoma	C(t)	M	Pc ·	slight	Small round, eval to spindle nuclei, perivescular cuffing. No mitoses.
· 5	45	23476	H	Astrocytoma	Cb,M	L	•	slight	Small round to eval nuclei, cavitation, hemosiderin. No mitoses.
5	45	23479	H	Astrocytoma	C(t)	Ħ	Pc	slight	Small round to aval nuclei, perivascular cuffing. Ho mitoses.
5	45	23492	Ħ	Astrocytoma	C(p,t),M	Ļ	•	slight	Small round to eval nuclei, bemosidurin. Moderate mitoses.
5	45	23500	M	Astrocytoma	c(f)	L		minime)	Small round nuclei, perivascular cuffing. Few mitoses.
. 3	5	√23289 *	F	Astrocytoma	Ci ₂	s	Pc	minimal	Oval to spindle nuclei. No mitoses.
3	. 5	√ 53305	F	Astrocytoma	C(t) '	\$	Pc	mininal	Small record to eval nuclei. Minimal mitoses.
4	15	√23442	· F	Astrocytoma	C(f.p)	L	•	minima)	Small round to oval nuclei, perivascular cuffing, minimal necrosts and hemosiderin. No mitosos.
5	45	23546	F	Astrocytoma	C(midline)	L	•	slight	Small round to spindle nuclei, perivascular cuffing. Many mitoses.

² C = Cerebrum (f = frontal, p = parietal, t = temporal, o = occipital); Cb = Cerebellum; H = Hippocampus, H = Meninges; Bs = Brain siem Ob = Olfactory bulb.

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^{*} S (small) = <2mm; H (medium) = 2 - 4mm; L (large) = > 4mm.

^{*} C = Circumscribed; Pc = Poorly circumscribed; B = Diffuse.

^{*} Tumors found in newly embedded brain tissue but not present in originally embedded brain tissue.

		-			Found I	lead and Ho	oribund Sacrifice		•
Grove	Dose mg/kg/day	Animal Humber	Sex	Diagnosis	Locat lon ²	Size	Pattern of infiltration*	Cellular Pleomorphism	Olher Features
1	0	√ 23025	M	Astrocytoma	C(t,p,o),H	I.	•	mintes 1	Small round nuclei, mecrosis, cavitation, hemorrhage, perivascular cuffing. Few mitoses.
4	15	₹ 23376	H	Astrocytoma	C(o)	M	Pc	minimal	Small round to oval nuclei, perivascular cuffing. No mitoses.
4	15	× 23311	Ħ	Astrocytoma .	C(f,p,t) (bilateral)	·L	•	•!lght	Small round to oval nuclei, necrosis, hemosiderin, perivascular cuffing, meningeal infiltration. Minimal mitoses.
5	45	23505*	И	Astrocytoma	Ob	s	Pc .	s 11 ght	Small round to spindle nuclei, perivascular cuifing, meningeal infiltration. Minimal mitoses.
2	1	√ 23185	F	Astrocytoma	Ds	M	₽c	einima)	Small round to eval nuclei, perivascular cufflag. No mitoses.

* C = Cerebrum (f = Frontal, p = parletal, t = temporal, o = occipital); Cb = Cerebellum; H = Hippocampus, H = Heatinges; Bs = Brain stem; Ob - Olfactory bulb.

* S (small) = <2mm; M (medium) = 2 - 4mm; L (large) = > 4mm.

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. Tumors found in newly embedded brain tissue but not present in originally embedded brain tissue.

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Histopathologic Examination of Brain Sections from Study 2184-103

Animal Numb	<u>er</u>	Number of Slides	Histopathologic Findings
Cong /kg Kay B23024	P;	2	A small granular cell tumor is present in the derebellar meninges that has invaded into the dorsal derebellum.
any kg lday B23025	M	2	A large cystic mixed glioma extends from the forebrain to the occipital lobe of one cerebral hemisphere.
mg / ig/day B23185		3	A microscopic astrocytoma is present in the ventral medulla.
5ny / Kg /day 823289		y . 2	A focal area of gliosis is present near the center of the olfactory bulb. No neoplasm was detected.
5 mg /kg/lag B23302	F	3	The ventral forebrain contains an area of increased cellularity. This lesion is present in only one section but appears compatible with a micrescopic astrocytoma.
15-14 Kylde B23376	M	5	There is an area of focal gliosis/ear- ly tumor present in the dorsal fore- brain. In addition, the most anterior portion of the forebrain adjacent to the olfactory bulb has meningeal fil- tration of mononuclear cells having a similar astrocytic morphology. Diag- nosis: Microscopic astrocytoma.
15 mg /Kg/d B23377	Μ	3	A large diffuse astrocytoma extends from the frontal region of the brain to the occipital lobe of the brain.
15 mg/kg/kg B23442		2	A smal! to moderate sized diffusely invading astrocytoma is present in one hemisphere of the forebrain.
45mg / Kg/kg 323473	1 1	3	A small astrocytoma is present in the ventral portion of one hemisphere of the forebrain.
Lit rug / B23476	M	2	The cerebellum contains an astrocy-toma.
4 Iny /kg/da , 823479	m	2	A small astrocytoma is present in the striatum of one hemisphere of the forebrain.

Histopathologic Examination of Brain Sections from Study 2184-103 (cont'd)

Anim	al Numb	<u>er</u>	Number of Sti	des <u>Histopathologic Findings</u>
Anim 45 ng Kg May B	2,2492	/ 1	3	One hemisphere of the cerebellum con- tains a diffusely invading astrocy- toma.
45 mg/kg/kg B	23500	η	2	A diffusely invasive astrocytoma extends from the forebrain to the thalamus.
4 Jing Kilder B	23505	M	2	A small astrocytoma is present in the olfactory bulb of the brain.
45mg lkg lbg B	323546	F	2	The brain contains an astrocytoma extending from the thalamus to the midbrain with secondary hydrocephalus.

Jan a. Sevenberg My All. 11 (19/86

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